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| TRANSMITTAL OF INFORMA (Under 37 CFF | ll . | cket No. 008 PCT 1 | | |
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| In Re Application Of: | | | | |
| Application No. Filing Date 10/586010 | Examiner | Customer No. 00137 | Group Art Unit | Confirmation No. |
| Title: MQ AND T PROPYL SILOXANE | RESINS COMPOSITIONS | | | |
| | Address to: Commissioner for Paten P.O. Box 1450 Alexandria, VA 22313-14 | | | |
| application; before the mailing | than a continued prosecution try of the national stage as set | application und forth in 37 CF erits, or before | der 37 CFR 1.53 R 1.491 in an in the mailing of a | B(d); within ternational |
| | 37 CFR 1.97(c) | | | |
| CFR 1.97(b), provided that the Final Action under 37 CFR 1 | atement submitted herewith is less information Disclosure States .113, a Notice of Allowance in the application, and is accomp | ment is filed be under 37 CFR | efore the mailing 1.311, or an A | date of a |
| ☐ the statement specified i | n 37 CFR 1.97(e); | | | |
| | OR | | | |
| ☐ the fee set forth in 37 CF | FR 1.17(p). | | | |

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| TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c)) | | | | | | Docket No. DC10008 PCT 1 | |
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| In Re Application: Gordon , et al. | | | | | | | |
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| Substitute for form 1449A/PTO | Co | omplete if Known |
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| | Application Number | PCT/US05/003106 |
| INFORMATION DISCLOSURE | Filing Date | 0/586010 |
| STATEMENT BY APPLICANT | First Named Inventor | GORDON |
| OTATEMENT BY ALL EIGANT | Art Unit | |
| (Use as many sheets as necessary) | Examiner Name | |
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449A/PTO **Application Number** PCJ/US05/003106 0/586010 Filing Date INFORMATION DISCLOSURE First Named Inventor STATEMENT BY APPLICANT Gordon Art Unit **Examiner Name** (Use as many sheets as necessary) Attorney Docket Number | DC10008 PCT 1 Sheet 2

| Examiner | Cite | Document Number | Publication Date | Name of Patentee or | Pages, Columns, Lines, Where |
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| | | (Use as many sheets as ne | cessar | y) | Examiner Name | | | |
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